



New Hampshire Department of Health and Human Services
Residential Treatment Services for Children's Behavioral Health

OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP-2021-DBH-12-RESID
February 25, 2021

No.	Question	Answer
1.	Section 2.2.3.3 Admissions and Discharges What is the definition of "completed referral" as used in Addendum #6? Please list its contents, e.g. CAT , Youth info sheet, Case plan etc.	There is no definition at this time. Once contracts resulting from this RFP are approved, the Department will work collaboratively with the selected vendors to create and implement the referral form. This work will include defining a completed referral and discussion of its contents.
2.	Section 2.2.3.3 Admissions and Discharges Will family and youth have an opportunity to interview selected vendors to ensure the program meets their needs prior to the vendors making acceptance decisions and accommodations to admit the youth within seven (7) calendar days from receiving a complete referral packet?	Family and youth voice is a vital part of the residential treatment process. If the youth is not admitted within seven (7) days because an interview is needed, the Department would consider that a reasonable delay.
3.	Section 2.2.3.3 Admissions and Discharges a) Can the child and family choose the vendor that they determine is most able to meet their needs? b) If yes, what is the process to ensure that the child and family can make an informed decision?	a) Yes. Family and youth voice in determining preferred treatment settings is an important part of the process. b) The Department is working to make information about programs available to families and stakeholders. The Transitional Residential (and Psychiatric) Enhanced Care Coordination (TR-ECC) and/or the Division of Children Youth and Families (DCYF) will support families in making decision that match the Comprehensive Assessment for Treatment (CAT) recommendations.
4.	Section 2.2.3.3 Admissions and Discharges What is the definition of "emergency treatment episode" as used in Addendum #6?	The definition of emergency treatment episodes varies and may include, for example, an ex-parte order for removal and treatment.
5.	Section 2.2.3.3 Admissions and Discharges How will a vendor's ability to admit individuals for an emergency treatment episode impact their Continuous Quality Assurance & Program Outcome review?	The Department will work with the vendors to determine program outcomes and data collection.
6.	Section 2.2.3.3 Admissions and Discharges Will individuals be referred via the Care Management Entity (CME) who do not have an identified funding source for residential treatment and/or room and board costs?	There will be funds in the budget for underinsured and uninsured youth eligible for residential treatment services. If youth are not identified as needing residential treatment services, there may then be a referral to the CME or other recommended community services.



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7.	Section 4.2 Description of payment structure When will startup funds be available to the selected vendors?	Once the contract is approved by Governor and Executive Council, startup funds will be encumbered and available to the selected vendors.
8.	Section 2.2.3.3 Admissions and Discharges When does the Department anticipate that the referral form will be ready for use and shared with the vendors?	The Department will work collaboratively with the selected vendors to develop the referral form after the contracts are approved by Governor and Executive Council.
9.	Section 2.2.3.3 Admissions and Discharges Will required guardian signature forms (e.g., permission to provide treatment, administer medications, exchange treatment information with community providers, etc.) be included with the completed referral packet or will there be time allotted for this to occur prior to admission?	This required documentation for admissions would be part of the admission process and not part of the referral packet.
10.	Section 2.2.3.2 Coordination with the Care Management Entity (CME) and the Comprehensive Assessment for Treatment (CAT) Provider Is there an update that defines the role and responsibilities of the CME?	<p>The Department currently has two contracts with vendors to provide CME services. These contracts may be found via the following links:</p> <p>Governor and Executive Council approval June 10, 2020 Item #11 for the original contract and amendment #1 and #2: https://sos.nh.gov/administration/miscellaneous/governor-executive-council/2020-meetings/june-10-2020/june-10-2020/</p> <p>Governor and Executive Council approval September 23, 2020 Item #14 for the original contract. No approved amendments at this time: https://sos.nh.gov/administration/miscellaneous/governor-executive-council/2020-meetings/september-23-2020/september-23-2020/</p> <p>The Department continues to develop these two services, and the contracts listed above may be modified in the future, as needed.</p>
11.	Section 7.1.1.3.6, Appendix #6 Does this section change the length of the contract to four (4) years?	No. See Section 1.5, Contract Period, of the RFP.



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12.	Section 2.2.3.3 Admissions and Discharges Will the Best Interest Determination (BID) meeting occur prior to referral?	The applicable BID laws, including NH Revised Statutes Annotated 169, B, C, and D, and policies must be followed. Youth who are referred to residential treatment and are not involved with DCYF will work in conjunction with the sending school district to assure collaboration and coordination.
13.	Section 2.2.3.3 Admissions and Discharges Will referrals that do not include the CAT be considered complete?	Only emergency referrals, which are made without a CAT, will be considered complete without a CAT.
14.	Section 2.2.3.3 Admissions and Discharges Who will send completed referrals when the CME is not yet involved?	When a CME is not yet involved, referrals may come from DCYF, Juvenile Justice System (JJS), and Child Protective Services (CPS), and other referents such as hospital social workers.
15.	Section 2.2.3.3 Admissions and Discharges Would you please provide more information for the answer to Question #13 in Official Q&A, Part 4, regarding completed referrals?	See Answer #1 above. The referral for the residential treatment setting will be as complete as possible based on the referral form, as well as information available at the time of the referral. The intent is to have the full range of necessary information, including, but not limited to, clinical/psychological, educational, medical, family/social, past placement, and legal history.
16.	Appendix F Regarding the Fixed Asset report (Appendix F 2142A & 1134E), can we submit an attachment instead of entering the data on the spreadsheet?	Yes. An asset list may be submitted as an attachment.
17.	Section 7.1.1.3 If a vendor is submitting two programs/level of care: a) Do the vendor need to submit a copy of every appendix for each program? b) Or does the vendor only need to submit an Appendix D and budget for each program and only one (1) copy of the other appendices?	<p>a) No. As outlined in Addendum #6, vendors must submit only one (1) copy of the following:</p> <ul style="list-style-type: none"> • Section 7.1.1.3.1 General Contents • Section 7.1.1.3.4 Appendix B Contract Monitoring Provisions • Section 7.1.1.3.5 Audited Financials • Section 7.1.1.3.6 Appendix J <p>b) In addition to the contents listed immediately above, vendors must submit one copy of the following <u>for each program/level of care being proposed:</u></p> <ul style="list-style-type: none"> • Section 7.1.1.3.2 Technical Proposal Contents • Section 7.1.1.3.3 Cost Proposal Contents



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18.	<p>Section 7.1.1.3</p> <p>When submitting only one (1) set of documents as instructed for certain contents, including the Contract Monitoring Provisions or Audited Financial Statements, and submitting proposals for multiple programs, how should the vendor indicate that the set of documents that only require one (1) copy should be associated to all submitted proposals?</p>	<p>See Answer to #17 above. Vendors will complete the Appendix J Summary of Vendors Proposed Levels of Care to list all programs/levels of care for which a vendor is submitting technical and cost proposals. Additionally, vendors may provide clarifying information regarding attachments when emailing proposal documents.</p>